



#7/a
PATENT
196001-2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Mark Emanuel Wall

Serial No. : 09/921,968

Filed : August 3, 2001

For : A METHOD AND APPARATUS FOR LICENSING AND
CONTROLLING ACCESS, USE, AND VIABILITY OF PRODUCT
UTILIZING GEOGRAPHIC POSITION

Art Unit : 2635

Examiner : Edwin C. Holloway III

745 Fifth Avenue
New York, New York 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, on March 17, 2004.

Tedd W. Van Buskirk, Reg. No. 46,282

Name of Applicant, Assignee or Registered Representative

Tedd W. Van Buskirk
Signature

March 17, 2004

Date of Signature

RECEIVED

MAR 25 2004

Technology Center 2600

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of December 17, 2003, please amend
this application as follows:

03/23/2004 SDENB081 00000095 09921968

01 FC:2202

72.00 OP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Mark Emanuel Wall
Serial No. : 09/921,968
For : A METHOD AND APPARATUS FOR LICENSING AND CONTROLLING ACCESS,
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir: Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	30	Minus	= 22	8 x	\$18(9)	= \$72.00
Independent claims	4	Minus	= 4	0 x	\$86(43)	= \$ 0.00
				Total additional fee for this amendment		\$ 72.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.

☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a __ month extension of time. A check covering the cost of the petition is enclosed.

☒ A check in the amount of \$72.00 is attached, which covers the cost of ☒ additional claims __ petition for extension of time.

☐ Charge \$__ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Tedd W. Van Buskirk, Reg. No. 46,282

Name of Applicant, Assignee or Registered Representative

Tedd W. Van Buskirk
Signature

March 17, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By:

Tedd W. Van Buskirk
Tedd W. Van Buskirk
Reg. No. 46,282
Tel: 212-588-0800